

**ST. FRANCIS PARISH/CENTER
2017 FESTIVAL OF THE SEA VOLUNTEER APPLICATION
August 9 - 13, 2017
(PLEASE PRINT CLEARLY)**

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____ PHONE _____

EMAIL: _____ CELL/TEXT #: _____

Date of Birth: _____ *(Information Required)*

Summer Address: _____

PLEASE CHECK OFF WHERE YOU WOULD LIKE TO ASSIST

****YOUTH MINISTRY VOLUNTEERS MUST FILL OUT PARENTAL PERMISSION SLIP ON REVERSE SIDE AND PARENTS MUST SIGN OUT THEIR YOUTH AT END OF THE SHIFT.****

18 years or older

Booth Worker _____
 Booth Manager _____
 Ticket Sales/Rides _____
 Regular 50/50 _____
 Progressive 50/50 _____ (sit down)
 Seafood Booth _____
 Food Booth _____
 Ticket Sales/Food _____ (sit down)
 Cake and Coffee Booth _____
 Car Raffle _____ (sit down)
 Relief Worker _____ (7:30pm-9:30pm)

YOUTH MINISTRY

under age of 13 must be accompanied by an adult

Beverage Cart _____
 Face Painting _____
 Parking Attendant _____
 Baseball Pitch Game _____
 Hi-Striker Game _____
 Photo Booth _____
 Dunk Booth _____
 Whatever needed _____

IF CHOOSING BOOTH WORKER, DO YOU HAVE A PREFERENCE?

BOOTH WORKERS MUST BE AT LEAST 18 YEARS OF AGE.

NAME OF BOOTH OR AREA PREFERRED _____

We will do our best to accommodate you.

Please check dates and shifts you are available- THANK YOU!

(Volunteers are most needed on Friday, Saturday and Sunday)

Days

Wed. Aug. 10 _____ Sat. Aug. 13 _____
 Thurs. Aug. 11 _____ Sun. Aug. 14 _____
 Fri. Aug. 12 _____

Shifts-Adult (18+)

6-10pm _____
 6-8 pm _____
 8-10pm _____

Youth Ministry (Adult-Youth)

5pm-7:30pm _____
 5pm-10pm _____
 7pm-10pm _____

**YOU MAY SEND THIS FORM BY MAIL OR DROP IT OFF AT THE
FRONT DESK OF THE ST. FRANCIS COMMUNITY CENTER.
ONLY ONE FORM PER VOLUNTEER.**



PARTICIPATION PERMISSION FORM 2017

I, _____ request to have my child,
(Print name of parent or guardian)

_____ participate in the Youth Ministry
(Print name of student)

Service Projects for "Festival of the Sea" August 9-13, 2017.

In consideration for the making of the arrangements for these experiences, I/we hereby release, indemnify and hold harmless Saint Francis of Assisi Parish/Center and the Diocese of Trenton and any and all employees and volunteers from any and all liability or any injury or death occurring while my child participates in these experiences.

Date: _____

Signature of parent or guardian

Important Medical Information:

1. Describe any medical problem /condition of which the chaperones should be aware: _____

2. Is medication required or being taken? (If yes, please describe.) Is it needed during the trip/event? (If yes, please describe time & dosage.)

3. Is your son/ daughter allergic to any food or medication? (If yes, please describe.)

I give my permission, in the case of any injury, to have my son/daughter be examined and, if necessary, treated by qualified medical personnel. I agree to hold those parties described above, as well as any trip/event-associated organization, harmless for such injuries. Should the need arise; I hereby give permission for the chaperones to seek medical treatment for my child. I understand they cannot be held responsible for any treatment administered by qualified medical personnel. I also understand that it is my responsibility to provide my son/daughter with an insurance card for the event in order for my child to receive treatment. Hospitals no longer accept photo-copy of cards as proof of coverage.

Insurance Company: _____ **Policy #:** _____

Policyholder name (printed): _____

Signature (Parent/Guardian): _____

Date: _____ Home phone#: _____ Cell phone#: _____

Emergency Contact: _____ Phone#: _____

Promotional Release:

I give permission for my child to appear in parish and/or diocesan publications, websites and The Monitor in photos or videos taken with the sole purpose of sharing the experience and publicizing the events within our Catholic Community.

YES _____

NO _____

Parent/Guardian Signature - Date